Invention: ALBUMI SOLUTION SOL	nf. #2356  BOULANGE of the second of the sec	ndment in the dis transmitted  CLAIM  Highest Number Previously Paid	15, 2006  COMPRISION THERAP	NG A N. EUTIC led appl elow.	USE CONT	ATION ST	
Applicant(s): Paul Invention: ALBUMI SOLUTION MS RCE Commissioner for Paul P.O. Box 1450 Alexandria, VA 2231 Transmitted herew The fee has been Total Claims Independent Claims	BOULANGE of N-PURIFICATION, AND COLOR of the san americal culated and Claims Remaining After Amendment 16	et al.  FION METHOR  MPOSITION F  d is transmitted  CLAIM  Highest  Number  Previously  Paid	O COMPRISION THERAP	ed appl	USE CONT		
Invention: ALBUMI SOLUTION  MS RCE Commissioner for Policy Properties of the Propert	N-PURIFICATON, AND COLOR  atents  13-1450  with is an americalculated and Claims  Remaining  After  Amendment  16	ndment in the dis transmitted  CLAIM  Highest Number Previously Paid	above-identifid as shown b	ed appl	USE CONT		
Commissioner for Pr. P.O. Box 1450 Alexandria, VA 2231 Transmitted herew The fee has been  Total Claims Independent Claims	i3-1450  with is an americalculated and  Claims Remaining After Amendment	d is transmitted  CLAIM  Highest  Number  Previously  Paid	d as shown b	elow.	ication.		
Total Claims Independent Claims	Claims Remaining After Amendment	CLAIM Highest Number Previously Paid	S AS AMENI				
Independent Claims	Remaining After Amendment 16	Highest Number Previously Paid	Number	DED			
Independent Claims	Remaining After Amendment 16	Number Previously Paid	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				ŀ
Independent Claims			Present		Rate		
Claims	2	- 33 =	0	X	60.00		0.00
Multiple Depende		- 5 =	0	х	250.00		0.00
	Multiple Dependent Claims (check if applicable)						
Request for continued examination (RCE) (see 37  Other fee (please specify): CFR 1.114); Extension for response within third month							2,200.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							2,200.00
X Please charg A duplicate of A check in the Payment by of X The Director as described X Credit an	e Deposit Accopy of this she e amount of \$ credit card. For is hereby authorised below. A dupy overpayment additional fill asson o.: 30,330 kgt, KOLASC f Drive	orm PTO-2038 norized to char plicate copy of nt.	is enclobing is attached.  ge and credit this sheet is comprocessing	n the an sed. Deposi enclosed	d. uired under (	2,200 o. <u>02</u> 37 CFR 1.	2-2448